HEALTH

Synergy deemed 'unprecedented'

Warner impressed by plan to reduce readmissions of Medicare patients

By Prue Salasky
psalasky@dailypress.com

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Sen. Mark Warner, D-Va., asks a question about the Eastern Virginia Care Transitions program on Tuesday in Newport News. About two dozen stakeholders attended the event at Riverside Regional Medical Center.

NEWPORT NEWS — More than half of hospital readmissions of Medicare patients within 30 days result from socio-economic factors and the physical environment, compared to just 10 percent for medical reasons, Kathy Vesley-Massey, CEO of Bay Aging, said at a forum hosted by the Eastern Virginia Care Transitions program.

Bay Aging is the lead agency in the program, which is a collaboration of five agencies on aging, four health systems, 11 hospitals and multiple other health providers. The group is two years into a five-year Medicare pilot project to bring down patient costs and reduce 30-day readmissions for vulnerable seniors.

Its primary methods are encouraging close collaboration between medical providers and community services, and using "coaches" with social work backgrounds (rather than case managers) specially trained to smooth transitions and teach self-reliance to patients leaving the hospital. The coaches make one hospital visit and one in-home visit, then use follow-up phone calls to teach those at risk for readmission how to look after themselves, said Kyle Allen, vice president of clinical integration for Riverside.

Nationwide, the eastern Virginia program is ranked sixth in performance for reducing all-cause readmissions and is one of 44 Medicare pilots out of more than 100 initially that has met its enrollment goals and realized significant savings. The Centers for Medicare and Medicaid Services estimates those at $9,600 per patient, or more than $20 million in savings since its inception, Vesley-Massey said at the roundtable presentation with two dozen stakeholders and U.S. Sen. Mark Warner, D-Va., at Riverside Regional Medical Center.

Warner has launched a bipartisan working group for the Senate Finance Committee with U.S. Sen. Johnny Isakson, R-Ga., to explore how to improve outcomes for Medicare patients with chronic conditions, which he dubbed a major factor in driving the national debt.

Warner expressed particular interest in how the coalition had effected coordination between competing health systems, characterizing it as "unprecedented," and how technology and telehealth could be used to improve care and reduce costs. He asked for hard numbers. "Medicare and Medicaid have a very complicated formula, and it's not very accurate. We need to drill down to see how much does it save the hospital. ... You need more transparency in pricing," he said, suggesting that the savings could then pay for the program.

The project's funding is part of innovation grants provided through the Affordable Care Act, which also provided the impetus by instituting penalties on hospitals for readmissions. Most who qualify for coaching are "dual-eligible" — receiving both Medicare and Medicaid — and have multiple medical conditions.

Several people at Tuesday's forum said these patients are not noncompliant by choice but simply don't have the means or understanding to follow their health care plan.

"It's a unique situation where they took away the carrot and added the stick and it worked," said Jimmie Carter Jr., board chairman for Bay Aging. He characterized the area agencies on aging as the perfect neutral participant, or "Switzerland," with already established connections to community care and the services — Meals on Wheels, transportation, caregiver support, home care — that address those social factors that contribute to readmissions.

The transitions program covers 25 percent of Virginia, and there's a plan in place to extend it statewide, according to Allen, who worked earlier with a similar program in Ohio.

Roundtable participants noted that the eastern Virginia program still leaves gaps, particularly in addressing mental health readmissions. These form a high percentage and are more complex and more difficult to resolve as the patient self-reliance model isn't applicable. "That's an area where this model needs to be built out," Warner said.

Vesley-Massey said that in an inexplicable turnabout, CMS had recently threatened to dismantle the eastern Virginia project a year early, despite lauding its outcomes.

Warner said he was impressed by the use of less expensive community resources and would support the partnership's full implementation. He said it was "more focused" than other efforts he's observed. The senator also supported the suggestion that the program be extended to become proactive rather than reactive, pointing out that it would be more cost-effective to intervene before a hospitalization if those with several chronic conditions could be identified early.

Salasky can be reached by phone at 757-247-4784.